

# CUSTOMER SATISFACTION FORM

## ***National Alcohol and Drug Addiction Recovery Month Customer Satisfaction Form***

We would like to know about your ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** efforts this September and how useful you found this toolkit as you planned your activities. This information will be used in the development of future outreach materials distributed by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Your response is voluntary, but your input is essential so that the ***Recovery Month*** materials we provide in future years will continue to meet your needs. Please complete this form and return it by mail or fax to the address below by October 31, 2005.

**We encourage you to include photographs and/or samples of supporting materials from your *Recovery Month* activities.**

Name:

Title:

Organization name & mailing address:

Phone & fax numbers:

Organization Web site address:

E-mail address:

Please provide a brief description of your event or major activities.  
(Please attach additional sheets, if necessary.)

Did you receive media coverage? If yes, who covered your event?  
(Please attach a brief summary or copies of articles.)

Please tell us which kit materials listed below you used and provide suggestions for improving them.

	Used It?(Y/N)	How Useful Was It?	Comments/Suggestions
Planning Partners List			
Additional Resources			
Single State Agency Directory			
An Overview: Healing Lives, Families, and Communities			
Commonly Misused Substances			
Ensuring Access to Treatment: A Guide for Private Insurers			
Helping Workers With Substance Use Disorders Start a Path to Recovery: A Guide for Employers			
Screenings, Referrals, and Affordable Addiction Treatment Options: A Guide for Health Care Providers			
The Role of the Community: Families, Clergy, Recovery Communities, and People in the Social Services, Child Welfare, and Justice Systems			
Join the Voices for Recovery			
Promotional Event Ideas			
Speaking Effectively with the Media About <b>Recovery Month</b>			
Sample Proclamations			
Sample Press Release			
Sample Media Advisory			
Sample Op-Ed			
Radio Public Service Announcements (live-read announcer scripts)			
Logo Sheet			
Letterhead			

Please send your response to:

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION  
 Center for Substance Abuse Treatment  
 Office of the Director, Consumer Affairs  
 1 Choke Cherry Road, 2<sup>nd</sup> Floor  
 Rockville, MD 20857  
 Fax: 202-789-0598 (Attn: Kristin Engdahl)

Thank you for sharing your **Recovery Month** story with us.

**NOTE:** Public reporting for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0197); Room 5-1039, 1 Choke Cherry Road, 2<sup>nd</sup> Floor, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197 and the expiration date is 12/31/2007.